## **Trap Agreement**

## LEON COUNTY ANIMAL CONTROL

501-B Appleyard Drive Tallahassee, Fl 32304 **606-5400** After-hours Emergencies 922-3300

DATE		Office Hours: 8-5 Monday-Friday	The same
TIME	a.m./p.m.	Field Hours: 7-7, Monday-Friday and 8-4:30 Saturday and Sunday	(E) (C)
	( Please read the trap ag	greement request form and fill in the areas in <b>bold letters</b> . )	
Name		Animal Type: DOG CAT OTHER	
Address		Animal Description	
<b>Home Phone</b>	<u>,                                      </u>	Number of Target Animals	
Work Phone		Specific location to set Trap	
In Response t	to Your Request for Servic	e:	
Please s	ign the trap agreement a	nd leave it in your door. An Officer will pick it up on	·
	· •	llahassee-Leon Community Animal Service Center, 1125 Easterwood Drive, sday - Friday 10:30a - 6:30p, Sat. 10a - 5p Sun. 1p - 5p, Closed Monday and	

I hereby request that a humane live animal trap belonging to Leon County Animal Control be placed on my property, and I agree to the following conditions:

- 1. I will safeguard the trap and any animal trapped therein to the best of my ability.
- 2. I will not permit its use by anyone else.
- 3. I will notify Animal Control promptly when an animal is trapped therein.
- 4. Animals caught in traps during off-duty hours will be picked up the next day, except during adverse weather conditions, when the animal is sick or injured, or the animal is a bite animal. In such cases, I will contact Animal Control after-hours through the Sheriff's Office at 922-3300. An on-call Animal Control Officer will respond.
- 5. I understand that the trap will be set at the discretion of Animal Control, and may be pulled after 24 hours.
- 6. I understand that Animal Control may enter my property at any reasonable time to monitor the trap. This trap, unless otherwise arranged, will be monitored by Animal Control daily. Animal Control reserves the right to refuse to set traps according to location or circumstances. **No trap will be set without a requester's signature.**

Requester's signature Date signed								signed	Animal Control Officer	Date picked up	
Date	S	С	Т	R	P	ACO	Arrive	Clear	Breed/Sex/Color/Age/Tag	Imp Tkt-/-Kennel #	
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